

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

**REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input type="checkbox"/> n/a

**PART II.B NO LONGER LOBBYING**

<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE
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**PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART IV LOBBYIST CERTIFICATION**

<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE  _____ DATE	Subscribed and sworn to before me  This ____ day of _____, _____.  By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: _____
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**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)